

FAX TRANSMISSION

DATE: November 13, 2007

PTO IDENTIFIER: Application Number 10/531,544-Conf. #3874
Patent Number

Inventor: Joseph P. Vacanti et al.

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Attorney Dkt. #: 62032(51588)

PAGES (Including Cover Sheet): 6

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PAGE 2/6 * RCVD AT 11/13/2007 10:23:01 AM [Eastern Standard Time] * SVR:USPTO-EF-XRF-5/5 * DNIS:2738300 * CSID:2039757180 * DURATION (mm:ss):01:04

PTO/SB/97 (09-04)

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Application No. (if known): 10/531,544

Attorney Docket No.: 62032(51588)

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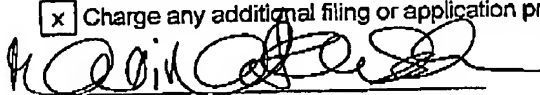
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Fee Transmittal (1 page)
Amendment (3 pages)
Amendment Transmittal (1 page)

AMENDMENT TRANSMITTAL LETTER			Docket No. 62032(51688)		
Application No. 10/531,544-Conf. #3874	Filing Date September 26, 2005	Examiner Not Yet Assigned	Art Unit 1651		
Applicant(s): Joseph P. Vacanti et al.					
Invention: TISSUE-ENGINEERED COMPOSITIONS AND USES THEREOF FOR THE TREATMENT OF ANEURYSMS					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	0	- 20 =	0	x 25.00	0.00
Independent Claims	0	- 3 =	0	x 105.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1105</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Marina Heusch Attorney/Agent Reg. No.: 47,647 EDWARDS ANGELL PALMER & DODGE LLP P.O. Box 55874 Boston, Massachusetts 02205 (203) 353-6840				Dated: <u>November 8, 2007</u>	

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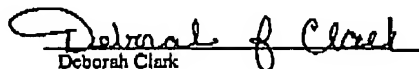
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Vacanti, Joseph P. EXAMINER: Not Yet Assigned
U.S.S.N.: U.S. Application No. ART GROUP: 1651
10/531,544
FILED: September 26, 2005
FOR: TISSUE-ENGINEERED COMPOSITIONS AND USES THEREOF FOR
THE TREATMENT OF ANEURYSMS

.....
CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that the attached Supplemental Preliminary Amendment is being facsimile transmitted to the United States Patent & Trademark Office, to fax number (571) 273-8300 on the date indicated below.

Date: 11/13/07


Deborah Clark

.....
MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

SUPPLEMENTAL PRELIMINARY AMENDMENT

Applicants kindly ask that the above-identified application be amended prior to examination as set forth below. It is believed that no fee is due. The Commissioner, however, is authorized to charge any additional fees occasioned by this paper, or credit any overpayment of such fees, to Deposit Account No. 04-1105.

Amendments to the specification begin on page 2.

Remarks begin on page 3 of this paper.